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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>20140-00312-US1</b>	
		First Inventor <b>Katherine L. Saenger et al.</b>	
		Title <b>FIELD EFFECT TRANSISTOR WITH ELECTROPLATED METAL GATE</b>	
		Express Mail Label No. _____	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>19</b> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>5</b> ] 5. Oath or Declaration [Total Sheets _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [ ] Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [X] Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

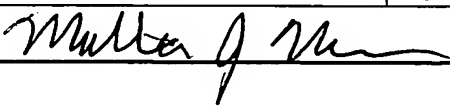
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number:		<b>30678</b>		OR <input type="checkbox"/> Correspondence address below	
Name _____					
Address _____					
City _____		State _____		Zip Code _____	
Country _____		Telephone _____		Fax _____	

Name (Print/Type) <b>Matthew J. Mason</b>		Registration No. (Attorney/Agent) <b>44,904</b>	
Signature 		Date <b>October 29, 2003</b>	

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<b>FEE TRANSMITTAL for FY 2004</b>				<b>Complete if Known</b>																																																																																																																																																																																																	
<p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27         </div>				<div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Application Number</div> <div>Not Yet Assigned</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Filing Date</div> <div>Concurrently Herewith</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">First Named Inventor</div> <div>Katherine L. Saenger et al.</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Examiner Name</div> <div>Not Yet Assigned</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Art Unit</div> <div>N/A</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="flex: 1;">Attorney Docket No.</div> <div>20140-00312-US1</div> </div>																																																																																																																																																																																																	
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<b>METHOD OF PAYMENT (check all that apply)</b> <div style="display: flex; justify-content: space-between; font-size: small; margin-bottom: 5px;"> <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None         </div> <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">Deposit Account Number: 50-0510</div> <div style="border: 1px solid black; padding: 2px; margin: 2px 0;">Deposit Account Name: IBM (Yorktown)</div> <p style="font-size: x-small; margin-top: 5px;">The Director is authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments         </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </div>				<b>FEE CALCULATION (continued)</b>  <b>3. ADDITIONAL FEES</b>  <table style="width: 100%; font-size: x-small; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - 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1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																	
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																																																																																																	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																	
<b>SUBTOTAL (2)</b> (\$)    342.00																																																																																																																																																																																																					
<b>SUBMITTED BY</b>				<b>(Complete (if applicable))</b>																																																																																																																																																																																																	
Name (Print/Type) Matthew J. Mason		Registration No. (Attorney/Agent) 44,904		Telephone (202) 331-7111																																																																																																																																																																																																	
Signature				Date October 29, 2003																																																																																																																																																																																																	